

PART III - SECTION J
LIST OF ATTACHMENTS

- | | |
|---|---------------------------|
| 1 | DELPHI VENDOR FORM |
| 2 | BUSINESS DECLARATION FORM |

BUSINESS DECLARATION

- 1 Name of Firm: _____ Tax Identification No.: _____
- 2 Address of Firm: _____ DUNS No.: _____
- 3 a. Telephone Number of Firm: _____ b. Fax Number of Firm: _____
- 4 a. Name of Person Making Declaration _____
- b. Telephone Number of Person Making Declaration _____
- c. Position Held in the Company _____
- 5 Controlling Interest in Company ("X" all appropriate boxes)
- ☐ a. Black American ☐ b. Hispanic American ☐ c. Native American ☐ d. Asian American
- ☐ e. Other Minority (Specify) _____ ☐ f. Other (Specify) _____
- ☐ g. Female ☐ h. Male ☐ i. 8(a) Certified (Certification letter attached) ☐ j. Service Disabled Veteran Small Business
- 6 Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?
- ☐ a. Yes ☐ b. No (If "NO," provide the name and telephone number of the person who has this authority.) _____
- 7 Nature of Business (Specify all services/products (NAIC)) _____
- 8 (a) Years the firm has been in business _____ (b) No. of Employees _____
- 9 Type of Ownership: ☐ a. Sole Ownership ☐ b. Partnership
- ☐ c. Other (Explain) _____
- 10 Gross receipts of the firm for the last three years:
- | | |
|-------------------------|---------------------------|
| a.1. Year Ending: _____ | b.1. Gross Receipts _____ |
| a.2. Year Ending: _____ | b.2. Gross Receipts _____ |
| a.3. Year Ending: _____ | b.3. Gross Receipts _____ |
- 11 Is the firm a small business? ☐ a. Yes ☐ b. No
- 12 Is the firm a service disabled veteran owned small business? ☐ a. Yes ☐ b. No
- 13 Is the firm a socially and economically disadvantaged small business? ☐ a. Yes ☐ b. No

I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING _____
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM
AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 USCS 1001.

14. a. _____ b. Date: _____
- Signature _____
- c. Typed _____ d. Title: _____
- Name _____

Delphi VENDOR ENTRY WORKSHEET**** Bold indicates required fields ******NAME:** _____ **PHONE:** _____ **DATE:** _____**SUPPLIER NAME:** _____ ☐ **NEW** ☐ **MODIFYING****TAXPAYER ID:** _____ **DUNS NO.** _____**CLASSIFICATION:** **TYPE:** **Vendor** **Federal Agency**

Federal Agency Location Code (ALC) _____ * For New Agencies

GENERAL: PARENT SUPPLIER NAME _____
TAX ID NUMBER _____**TAX REPORTING:** IRS 1099 TAX REPORTING STATUS ☐ **EXEMPT**
1099 REPORTABLE ☐ **FEDERAL** ☐ **STATE****ORGANIZATION TYPE:** ☐ **CORPORATION**
☐ **GOVERNMENT AGENCY**
☐ **INDIVIDUAL**
☐ **PARTNERSHIP**
☐ **FOREIGN CORP/GOVT AG/INDIV/PART****PAYMENT:**

PAYMENT METHOD Check _____ ; Electronic _____ ; Wire _____

SUPPLIER SITES:

(Additional sites or additional Tax Reporting Address forward as attachment)

☐ **NEW** ☐ **ADDING SITE** ☐ **MODIFYING SITE****COUNTRY:** **United States****Other:** _____**ADDRESS:** _____

CITY: _____
STATE: _____ **COUNTY:** _____
POSTAL CODE: _____**SITE USES AND TELEPHONE:****Purchasing Site** _____ **Pay Site** _____ **Primary (Y/N)** _____
Voice (Area Code & Number) () _____
Fax (Area Code & Number) () _____

Note: Provide this information only if obtained at Contract award.

SUPPLIER CONTACTS:1. **LAST NAME:** _____ **FIRST NAME:** _____ **MI** _____
TITLE: _____
TELEPHONE: _____2. **LAST NAME:** _____ **FIRST NAME:** _____ **MI** _____
TITLE: _____
TELEPHONE: _____**BANK:** **BANK NAME** _____
ACCOUNT NAME: _____
BANK ABA ROUTING NUMBER _____
ACCOUNT NUMBER _____
ACCOUNT TYPE ☐ **CHECKING** ☐ **SAVINGS**

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